



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab Road Suite 3G

City: Indianapolis

County: Marion

Administrator Name: Galinton Bryan

Administrator Email: gbryan@northsidegastro.com

ASC Web Address: <http://www.northsidegastro.com>

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8044	10001
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
E45380	2982	
E45385	2695	
E43239	1755	
E45378	1205	
E43450	474	
E43235	217	
EG0105	199	

E45381	140
EG0121	84
E45382	68

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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